

ALASKA ORAL & FACIAL SURGERY CENTER
Cosmetic Facial Surgery

Dr. Stephen H. Sutley

Diplomate, American Board of Oral & Maxillofacial Surgeons
Member of American Society of Laser Medicine & Surgery

Dr. John E. Brock

Diplomate, American Board of Oral & Maxillofacial Surgeons
Member of American Society of Laser Medicine & Surgery
Member of the American Academy of Cosmetic Surgeons

1275 Sadler Way, Suite 202 Steese Medical Center Fairbanks, Alaska 99701
(907) 452-4101 Fax: (907) 452-4102 Dr. Sutley@aksurgerycenter.com Dr. Brock@aksurgerycenter.com

August 7, 2008

Evaluation and Treatment Plan: Mr. Justin L. Olsen is a 26 year old Male, seen for re-consultation regarding facial pain & headaches. Dr. Brock saw patient in the past.

PMH/ROS: See medical health history.

Limited H&N Exam: NC/AT; and WNL.

Consultation: Patient stated he very rarely has joint pain. His symptoms mainly are headache related and/or facial pain. Occasionally patient does develop facial swelling.

Dr. Sutley put patient through a series of motion-range movements. Dr. Sutley definitely feels patients headaches are not due to his jaw joints but will obtain records to help clarify patients symptoms.

1. Need to obtain medical records from Ft. Lewis (Madigan) regarding patients pituitary gland removal surgery. Dr. Slifka (now retired) was the attending physician.
2. Dr. Moffitt at Bassett in the VA department is patients primary physician.

 lp

ALASKA ORAL & FACIAL SURGERY CENTER

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(907) 452-4101 Fax: (907) 452-4102 Dr. Sutley@alaskasurgerycenter.com

August 28, 2008

Dr. Tyler Moffett
Alaska VA Healthcare and Regional Office
P.O. Box 74570
Fairbanks, AK. 99707

Dear Dr. Moffett:

RE: Justin Olsen (BD6-17-82)
Medical Clearance

Mr. Olsen is a 26 year old male, known to your service, who was seen in our office Aug. 7th for evaluation of facial pain and headaches.

PMH: Hx. of jaw/face pain and HA for which he was seen by Dr. John Brock in June of 08. He has had a pituitary tumor removed Aug 07. He listed Furicet, Tylenol, MSM, Isocourt, Naproxin, and Aleve as medications and codeine upsets his stomach.

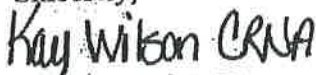
DX: Headaches and facial pain unknown origin.

PLAN: Course of treatment from our office will depend on past records. It is possible, after speaking with Dr. Sutley, that he may refer him on to the pain clinic.

REQUEST: All old records of patient. Dr. Slifka from Madigan hospital apparently performed his pituitary surgery.

SURGERY DATE: None at this time.

Thank you for your time and cooperation in caring for this patient.

Sincerely,

Kay Wilson CRNA
For
Dr. Stephen Sutley

ALASKA ORAL & FACIAL SURGERY CENTER

Dr. Stephen H. Sutley

Diplomate, American Board of Oral & Maxillofacial Surgeons
Member of American Society of Laser Medicine & Surgery

1275 Sadler Way, Suite 202 Steese Medical Center Fairbanks, Alaska 99701
(907) 452-4101 Fax: (907) 452-4102 Dr. Sutley@alaskasurgerycenter.com

April 6, 2009

Evaluation and Treatment Plan:

Mr. Justin L. Olsen is a 26 year old Male, seen on referral from self for the evaluation of jaw pain that is getting worse. Pt was evaluated for this by Dr. Sutley on August 7, 2008. CC: Pt is having daily headaches and right jaw pain. Pt has noticeable swelling when his pain is at it's worse. Pt is currently seeing a neurologist to diagnosis the problem. The neurologist believe he may have nerve damage. Pt states the jaw will start hurting and then the headache comes. Most of the pain is behind the ear and then a little forward for that. Pt would like to have a cortisone shot. Pt is taking Tegertal for his pain.

Pain Level: 2 but when it is at it's worse 8

PMH/ROS: Non-contributory **Allergic to Codeine**

Limited H&N Exam: NC/AT, and WNL

Consultation: While pt is under care for this by another doctor Dr. Sutley would not like to do treatment because he does not want to interfere with his other treatment.

Diag: Intraoral and radiographic evaluation shows no noticeable signs that would be causing his pain. Pt possibly has nerve damage. At this point the pain he is describing is not a pain that we can treat or would need surgery for.

Recommend: Pt should see the pain clinic to help get the pain under control.

Instructions: Surgical and IV sedation / general anesthesia Pre- and Post-operative written and verbal instructions provided to patient.

Plan: Pt is going to talk with his neurologist and try to get a referral to the pain clinic.

Schedule: Not schedule at this time.

 tp

Operative Report

OLSEN, JUSTIN L - 09-88-70

* Final Report *

Result type: Operative Report
Result date: January 15, 2010 12:01 AM
Result status: Auth (Verified)
Result title: PC
Performed by: Jiang MD, Peter Shan on January 15, 2010 11:55 AM
Verified by: Jiang MD, Peter Shan on January 18, 2010 8:08 AM
Encounter info: 3001251564, FMH, Outpatient, 1/15/2010 - 1/15/2010

* Final Report *

PC (Verified)

HISTORY: The patient is a 27-year-old gentleman who has history of jaw resurfacing when he was 10 years and then subsequently he had identified adenoma of the pituitary and underwent surgery through a transoral approach in August 2007. Since then, his jaw pain has come back, radiating to the periauricular region into the neck, as well as suboccipital region and into the parietal region causing headache. The pain is a throbbing, shooting pain that radiates occasionally into the submaxillary region, as well as upper part of the mandible. He has been evaluated by Dr. Stephen Sutley, who did not think there was any surgical correction or any intra-articular injection that he could do, and referred him to the Advanced Pain Clinic, who turned him down because they do not treat head pain or headaches. The pain is 3-6. It is fairly constant. Talking or clenching his teeth, however, truly does not seem to bother him. Chewing gum does bother him. He has tried some heat and Icy Hot, a TENS unit, and muscle relaxer do seem to help it. In addition, he was recently started on Topamax, diazepam, ibuprofen, Vicodin, and Indocin, which he has discontinued. He recently had an episode of trauma to his eye. He is off work from that currently.

PAST MEDICAL HISTORY: Significant for:

1. Adenoma.
2. Migraines.

PAST SURGICAL HISTORY: Significant for:

1. Adenoma resection.
2. Right temporomandibular joint surgery.

CURRENT MEDICATIONS:

1. Topamax.
2. Magnesium.
3. Valium.
4. Vicodin.
5. Ibuprofen.

ALLERGIES: No known drug allergies.

SOCIAL HISTORY: He is a nonsmoker and nondrinker.

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Printed on: 7/21/2010 3:00 PM

Page 1 of 3
(Continued)

Operative Report

OLSEN, JUSTIN L - 09-88-70

* Final Report *

REVIEW OF SYSTEMS: Negative for fever, chills, diaphoresis. Negative for bowel or bladder dysfunction.

PHYSICAL EXAMINATION: VITAL SIGNS: Blood pressure 128/78, pulse 100, respirations 16, 97% room air saturation. He is awake, alert, oriented x3, and in no acute distress. HEENT: Normocephalic and atraumatic. NECK: Soft and supple. LOW BACK: Free of inflammation. Normal lordosis. No facet or sacroiliac (SI) tenderness. No straight-leg raising sign. He does not have any significant allodynia. He does not have any weakness with examination of muscle of mastication. Facial symmetry is intact. No hearing deficit.

ASSESSMENT: The patient has atypical facial pain, possibly in the trigeminal distribution maximally and also mandibular region distribution. The patient is aware of the risks and benefits of trigeminal nerve block, signs informed consent, and wishes to proceed. We will have him follow up in 1 month's time.

PROCEDURE: Right trigeminal nerve block under fluoroscopy.

DESCRIPTION OF PROCEDURE: The patient is placed in a supine position. Lateral fluoroscopy is used to identify the condyle of the mandible. This area is marked on the skin. The skin is prepped and draped in the usual fashion. It was anesthetized with 1% lidocaine with bicarbonate. Using a 3-1/2-inch 22-gauge spinal needle to gain access to the pterygoid plate, injection of Omnipaque dye under live fluoroscopy showed localized spread without intravascular uptake. This was followed by 4 mL of 0.25% bupivacaine and 1 mL of Depo-Medrol 80 mg/mL.

The patient tolerated the procedure well and had no neurologic sequela. Vital signs remained stable. He was discharged home in stable condition.

Peter S. Jiang, MD

cc: Ronald A. Martino, MD

PSJ:njg

D:01/15/2010 11:55:11

T:01/16/2010 07:07:34

786847

PROCEDURE NOTE - PAIN TREATMENT CENTER Fairbanks Memorial Hospital and

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(Continued)

EXHIBIT 10
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Operative Report

OLSEN, JUSTIN L - 09-88-70

* Final Report *

Denali Center
Banner Health System
Fairbanks, Alaska 99701
(907) 452-8181
Patient Name:
Date of Birth:
MR. No:
Acct. No:
Svc/Rm:
Physician:
Date:

OLSEN, JUSTIN L
06/17/1982
098870
03001251564
PMC
Peter S. Jiang, MD
01/15/2010

Page 1

Signature Line

[Electronically Signed on 01/18/10]

Jiang MD, Peter Shan M.D.

Completed Action List:

- * Perform by Jiang MD, Peter Shan on January 15, 2010 11:55 AM
- * Transcribe by Goodman, Norma on January 16, 2010 7:26 AM
- * Sign by Jiang MD, Peter Shan on January 18, 2010 8:08 AM Requested on January 16, 2010 7:26 AM
- * VERIFY by Jiang MD, Peter Shan on January 18, 2010 8:08 AM

Printed by: Artis, Maranda
Printed on: 7/21/2010 3:00 PM

Page 3 of 3
(End of Report)

EXHIBIT 10
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Alaska Center for Natural Medicine
104 Kutter Rd
Fairbanks, AK 99701
Phone 907-452-3600 Fax 907-452-3695

OLSEN, JUSTIN (DOB: 6/7/1982 ID: 1096)

Jan 11, 2010 Mon 05:21 PM

CC Mirgaine headache

HPI jaw pain (left), neck pain (left) and frontal headache
Not getting better.

PE

A/P # MIGRAINE WITH AURA WITH INTRACTABLE MIGRAINE SO STATED WITHOUT STATUS
MIGRAINOSUS (346.01);
CERVICALGIA (723.1);

Acupuncture Treatment

R/L side: LI4,
Right side: GB20
Left side: TB5, LV3
Center: GV20,

Left ear: jaw, neck (electro-stimulation)
thalamus

Nam Jeon, L.Ac
Electronic Signature

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Page 1 of 1

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Any release of this information requires the written authorization of the patient listed above.

EXHIBIT 10
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Alaska Center for Natural Medicine
104 Kutter Rd
Fairbanks, AK 99701
Phone 907-452-3600 Fax 907-452-3695

OLSEN, JUSTIN (DOB: 6/17/1982 ID: 1096)

Jan 11 2010 Mon 05:17 PM

CC Migraine headache

HPI jaw pain (left), neck pain (left) and frontal headache
Not getting better.

Meds Accupuncture -, Sessions 2x per week for 8 weeks to see effect on Migraine
Gastric Complex, 1 to 2 capsules with meals 3 to 4 times daily
Indomethacin
Magnesium Citrate, 2 capsules 1x a day at bedtime, then increase to 2 x a day, up to 3
capsules 2x a day if tolerated
Prilosec, Take 1 dose in the am on an empty stomach

PE

A/P # MIGRAINE WITH AURA WITH INTRACTABLE MIGRAINE SO STATED WITHOUT STATUS
MIGRAINOSUS (346.01):
CERVICALGIA (723.1):

 Acupuncture Treatment
 R/L side: LI4,
 Right side: GB20
 Left side: TB5, LV3
 Center: GV20,

 Left ear: jaw, neck (electro-stimulation)
 thalamus

Coded: 99214

Nam Jeon, L.Ac
Electronic Signature

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Alaska Center for Natural Medicine
104 Kutter Rd
Fairbanks, AK 99701
Phone 907-452-3600 Fax 907-452-3695

OLSEN, JUSTIN (DOB: 6/17/1982 ID: 1096)

Jan 04, 2010 Mon 04:57 PM

CC Mirgaine headache

HPI Jaw pain and frontal headache

Meds Not getting better at all.
Accupuncture -, Sessions 2x per week for 8 weeks to see effect on Migraine
Gastric Complex, 1 to 2 capsules with meals 3 to 4 times daily
Indomethacin
Magnesium Citrate, 2 capsules 1x a day at bedtime, then increase to 2 x a day, up to 3
capsules 2x a day if tolerated
Prilosec, Take 1 dose in the am on an empty stomach

PE

A/P # MIGRAINE WITH AURA WITH INTRACTABLE MIGRAINE SO STATED WITHOUT STATUS
MIGRAINOSUS (346.01):
CERVICALGIA (723.1):

Acupuncture Treatment
R/L side: LI4, LV3, GB20, TB178, ST6, GB14
Right side: KI6, LU7
Left side: TB5
Center: GV20,

Coded: 99214

Nam Jeon, L.Ac
Electronic Signature

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Alaska Center for Natural Medicine
104 Kutter Rd
Fairbanks, AK 99701
Phone 907-452-3600 Fax 907-452-3695

OLSEN, JUSTIN (DOB: 6/17/1982 ID: 1096) Dec 30, 2009 Wed 05:02 PM

CC Mirgaine headache
HPI jaw pain and frontal headache

PE

A/P # MIGRAINE WITH AURA WITH INTRACTABLE MIGRAINE SO STATED WITHOUT STATUS
MIGRAINOSUS (346.01):
CERVICALGIA (723.1):

Acupuncture Treatment
R/L side: LI4, LV3, GB20
Right side: KI6,
Center: GV20, SI Shen Cong

Coded: 99214

Nam Jeon, L.Ac
Electronic Signature

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Alaska Center for Natural Medicine
104 Kutter Rd
Fairbanks, AK 99701
Phone 907-452-3600 Fax 907-452-3695

OLSEN, JUSTIN (DOB: 6/17/1982 ID: 1096)

Dec 28, 2009 Mon 05:09 PM

CC Mirgaine headache

HPI MRI report;
no tissue injury identified,
stable operative changes of pituitary gland and sella

Patient complained about the left neck pain.
headache was better until yesterday.

PE

A/P # MIGRAINE WITH AURA WITH INTRACTABLE MIGRAINE SO STATED WITHOUT STATUS
MIGRAINOSUS (346.01);
CERVICALGIA (723.1):

Acupuncture Treatment
R/L side: LI4, LV3,
Right side: LU7, KI6,
Left side: HT7, ST40, GB20
Center: GV20, Si Shen Cong

Ear:
Left side: neck brain stem, shen men

Coded: 99214

Nam Jeon, L.Ac
Electronic Signature

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104 Kutter Rd
Fairbanks, AK 99701
Phone 907-452-3600 Fax 907-452-3695

OLSEN, JUSTIN (DOB: 6/17/1982 ID: 1096) Dec 21, 2009 Mon 05:04 PM

CC Mirgalne headache

PE

A/P # MIGRAINE WITH AURA WITH INTRACTABLE MIGRAINE SO STATED WITHOUT STATUS
MIGRAINOSUS (346.01):

Acupuncture Treatment
R/L side: LI4, LV3, GB20
Right side: LU7, KI6
Left side: HT7, ST40
Center: GV20, Si Shen Cong

Coded: 99214

Nam Jeon, L.Ac
Electronic Signature

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Alaska Center for Natural Medicine
104 Kutter Rd
Fairbanks, AK 99701
Phone 907-452-3600 Fax 907-452-3695

OLSEN, JUSTIN (DOB: 6/17/1982 ID: 1096)

Dec 16, 2009 Wed 05:10 PM

CC Migraine headache

PE

A/P # MIGRAINE WITH AURA WITH INTRACTABLE MIGRAINE SO STATED WITHOUT STATUS
MIGRAINOSUS (346.01):

Acupuncture Treatment
R/L side: LI4, LV3, GB20
Right side: LU7, KI6
Left side: HT7, ST40
Center: GV20

Coded: 99214

Nam Jeon, L.Ac
Electronic Signature

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EXHIBIT 10
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Alaska Center for Natural Medicine
104 Kutter Rd
Fairbanks, AK 99701
Phone 907-452-3600 Fax 907-452-3695

OLSEN, JUSTIN (DOB 6/17/1982 ID: 1096)

Dec 15, 2009 Tue 04:55 PM

CC Headache

HPI HA's come and go. States migraines. Feels better if he gets more sleep. Had ha's starting in 4/07 with vision problems in R. eye by 8/07 diagnosed with pituitary tumor, but admits he has had some HA's since his MVA some years ago. He states that HA's sometimes vary in quality and that he occasionally feels them just at the back of his neck. Usually they are located on R side jaw over the top of his R. side and into his neck.
8 or 9 MRI's - last MRI brain. 1 month ago at the VA.
Has tried multiple different modalities.
Oral Surgery - Alaska Oral Facial - evaluate for TMJ. Was told NOT TMJ
Chiropractic - Helps for a little while, not long, sometimes only a few hours. X-ray on neck by Dr. MacAfee Chiropractic was told WNL. Now being seen by Dr. Ellison - Dr. Spaulding has a therapeutic laser which he wanted to try.
Neurology - currently seen by Dr. Martino. Has tried several things in the past. Amitriptylline, Nortriptylline helped however they stopped working after a while and when he increased his dose to 70 mg. they made him somnulent. Topomax did not help. Indomethacin helped - was told can take prilosec with it and is currently on a trial course of this prescribed by Dr. Martino. He was reluctant to take due to risk of ulcers. He was advised he could take prilosec with this to help reduce risk. He does also c/o sx. of GERD.
Vicodin and Percocet caused nausea but helped.
ENT Surgery - 2008 for sinus pressure and congestion which he does sometimes get. They cleaned up scar tissue from surgery but this did not really help.
Was just seen at the Mayo Clinic by Endocrinology for f/u of pituitary tumor/migraine.
Natural Medicine - Did 5 sessions only of acupuncture, felt that this helped but was unable to continue due to cost.
Tried a couple of natural products, can't remember what they were.

ROS Triggers -
Wearing Earphones causes jaw pain which sometimes starts a headache.
Sitting in airline seats - neck pain - starts headache.
If he doesn't sleep headaches are worse
Does c/o nausea only when lack of sleep with ha's.
Denies Aura.

PMH Pituitary Tumor - Slow Growing/no growth in 2 years on MRI
Some small amount of tumor left. 3 cm tumor- resected through the nose.
GERD
Hyperlipidemia
Hx. MVA - rear ended whiplash
Also Snowboard accident, again injured neck R side

SH Working - drives truck on FWW
Married

FH Father - Migraines also

Allergies NKDA

Meds INDOMETHACIN
PRILOSEC, TAKE 1 DOSE IN THE AM ON AN EMPTY STOMACH

PE GENERAL: WNWWD NAD
HEENT: WNL
LUNGS: CTA
HEART: RRR S1 S2 without murmurs, thrills, rubs
CHEST WALL: WNL
ABDOMEN: WNL. Normal BS.

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EXHIBIT 10
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OLSEN, JUSTIN (DOB: 6/17/1982 ID: 1096)

Dec 15, 2009 Tue 04:55 PM

EXTREMITIES: NO C/C/E. Normal Pulses.

SPINE - Mild positive trapezius tenderness bilaterally. There is a small bump approx. 0.5 cm at the level of C1/C2 on the right.

A/P

MIGRAINE WITHOUT AURA WITHOUT MENTION OF INTRACTABLE MIGRAINE
WITHOUT MENTION OF STATUS MIGRAINOSUS (346.10);

CERVICALGIA (723.1);

SUSPECT MS TRIGGER - Possible ligament injury will do MRI to r/o.

Advised to have chiropractor evaluate C1/C2 area on the right with his next visit.

Will try increasing magnesium along with accupuncture as a first step.

Await results of trial of indomethacin.

PRESCRIBE: Magnesium Citrate, 2 capsules 1x a day at bedtime, then increase to 2 x a day,
up to 3 capsules 2x a day if tolerated, # ANMC,

PRESCRIBE: Prilosec, Take 1 dose in the am on an empty stomach,

PRESCRIBE: Indomethacin

PRESCRIBE: Accupuncture - , Sessions 2x per week for 8 weeks to see effect on Migraine,
RF: 2.

Instructions printed and provided to patient:

PRESCRIBE: Gastric Complex, 1 to 2 capsules with meals 3 to 4 times daily,

PRESCRIBE: Magnesium Citrate, 2 capsules 1x a day at bedtime, then increase to 2 x a day,
up to 3 capsules 2x a day if tolerated , # ANMC,

Stop or reduce or stop.

Stay on Indomethacin - Dr. Martino started 3 pills per day. Has f/u planned with Dr. Martino.

MRI - C-Spine -

phone call to schedule 458-5588, ask if need kidney function testing recently - if so we will do
and send to them. Faxed consult to FMH.

Make appt. with Nam for accupuncture -

Will write for 2 x per week for 8 weeks.

F/U with me in 2 to 3 weeks after MRI

Consider other options for supplement trials if indomethacin is not effective

Coded: Medium Complexity > 99204

Anne Lilley, FNP

Electronic Signature

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EXHIBIT 10
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DATE	NAME
	OLSEN, JUSTIN

1/8/10

migraine headaches
about the same / 10 your neck

Trans
Gudo

② 93.4 TH17 (24 47 93.4 17)
2. TH17

CTB4

① Earl Shen men

Wesley J.

DATE	JUSTIN OLSEN	NAME
5/15/05	<p>woke up this morning without headache headache - improving Si Shen coney</p> <p>(10) 124 LV3 GB20 (10) HT8 STX0 U47 (10) HT6 K26 (10) S219 ST6 ST7</p> <p>Mark Jensen</p>	
5/23/08	<p>headache - about the same (10) jaw pain - same. GV20 Yin Tang (10) 124 LV3 K26 (10) U47 (10) TB5 (10) Ear? Shen men. jaw. brain stem</p> <p>Mark Jensen</p>	
8/27/08	<p>headache - about the same since last visit, (10) jaw pain - same seen VA hospital doctors GV20 (10) 124 GB20 LV4 U47 UT7 K26 WK (10) S219 TB17 ST6 GB2</p> <p>Mark Jensen</p>	

DATE	Justin Olsen NAME
5/13/2008	
	<p>(S) Pituitary tumor removed Aug 26th 2007 Started c. h/As. - Non-malignant on steroids & surgery until off Steroids - h/As in middle of Forehead to temple to top of head.</p>
	<p>Radiated to Jaw in October. Worse & Worse in last 2 months. Jaw surgery at ABX for sinus infection 13yrs. old acupuncture x2 has helped h/A considerably h/A comes & goes but is present most days. No h/A on steroids.</p>
	<p>taking - T3, 20mg. Swelling on face under pert. infra-orbital sinuses</p>
	<p>Medications - NKDA Panitide - for digestion</p>
	<p>Allergies - none GERD</p>
	<p>Fam Hx - mat - okay</p>
	<p>pat - high chol.</p>
	<p>pt. has high cholesterol</p>
	<p>(P) Sided neck pain from jumping into a moving vehicle as well as learning to ski.</p>
	<p>meds - aleve, fiorcet, T3</p>
	<p>Sleep - difficult - lots of energy at night</p>
	<p>harder to focus c. h/As</p>
	<p>(C) B/p 138/88 T 97.6 P 72</p>
	<p>Tms-opaque c good landmarks</p>
	<p>(A) N/A, pain in neck</p>
	<p>(P) see attached. <i>ag. w. l. m.</i></p>

Date

Name

JUSTIN OLSEN

5/8/08 pituitary tumor removed 8/2007
 headache, loss of vision were
 corrected after surgery.
 Headache and (2) jaw pain started
 since 11/2007 after stop take prednisone.
 Had jaw correction surgery when patient
 was 13 years old.

MRI Shows no other abnormality. The
 patient is suffering continuing headache
 and (2) jaw pain.

GV20 Yn Tang

(10) Lx W3 GB20 K6

(10) L47 S219

(10) T36

Michael J. [Signature]

5/12/08 headache / puffy feeling in the face
 - did not noticed any changes yet

GV20

(10) GB20 EB17 S218 ST 6 ST7 Lx W3

(10) W3

(12) Ear = neck jaw brow stem

Michael J. [Signature]

FAIRBANKS PSYCHIATRIC & NEUROLOGICAL CLINIC

A Professional Corporation

PSYCHIATRY

RONALD A. MARTINO, M.D.
Diplomate, American Board of Psychiatry & Neurology

NEUROLOGY

RONALD A. MARTINO, M.D.
Diplomate, American Board of Psychiatry & Neurology
JAMES M. FOELSCH, M.D.
Diplomate, American Board of Psychiatry & Neurology
JANICE QNORATO, M.D.
Diplomate, American Board of Psychiatry & Neurology

PSYCHOTHERAPISTS

KRISTEN BARTON, LPC

August 28, 2008

RE: Justin L. Olsen
DOB: 06/17/82
Date of Evaluation: 08/28/2008
Our MR#: 95-15659

NEUROLOGICAL EVALUATION

CHIEF COMPLAINT: Mr. Olsen is a 26-year-old right-handed Caucasian male who complains of headaches.

HISTORY OF PRESENT ILLNESS: The patient came to the evaluation with his mother. The patient states that he had a pituitary tumor removed in August of 2007. The surgery was performed at Madigan Army Medical Center. The patient was told that the tumor could not be completely removed.

The patient does not need treatment with hormone supplements. His hormonal balance is normal.

The patient's tumor was detected when he began having headaches and complaining of visual loss in his left eye. Removal of the tumor, however, has not brought about remission of his headaches. He continues to have pain behind his eyes and over his forehead. He also has pain over the top of his head. His headaches are not accompanied by nausea or vomiting. On occasion, they are accompanied by photophobia.

At this point, the patient has headaches every day and for most of the day. He was using large amounts of over-the-counter medications. On average, he was taking 12-15 tablets of Excedrin, Tylenol, and aspirin per day. He and his wife read about rebound headaches and he stopped taking over-the-counter medications last week.

The patient takes Zomig. Initially he got temporary but complete relief from his headaches. However, Zomig is now losing its effectiveness. He had a similar experience when he tried Imitrex.

The patient denies any difficulties with his vision. He has no weakness or numbness of his extremities. He feels his memory and concentration are normal.

The patient states that if he works hard and concentrates on his work, he barely feels his headaches. When he is not concentrating on something, however, his headaches are severe. He initially denied being depressed. He then said that he is depressed because of his headaches. At times he has trouble sleeping at night and takes an over-the-counter sleep medication.

EXHIBIT 10
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